



APPLICATION FOR SPECIAL EVENT PERMIT

SUP: ☐ Yes ☐ No

FY 16-17

For Dept Use Only

Received by: _____

Date: _____

NAME/ DESCRIPTION OF EVENT: _____

NAME OF BUSINESS/ ORGANIZATION: _____

Street Address: _____

Mailing Address: _____

E-mail Address: _____ Cell Phone: _____

Please check one:

- ☐ For Profit Organization - **\$40.00** *(Fee subject to change after June 30, 2016)*
☐ Non-Profit/ Charity – (Submit proof of Tax Exempt Status with this application to waive fee)

CONTACT PERSON/ EVENT ORGANIZER

Name: _____ Phone: _____

Address: _____ Fax: _____

City, State, ZIP: _____ Cell Phone: _____

E-mail Address: _____

EVENT DETAILS

Date(s) of Event: _____ Estimated Attendance: _____

Time of Event: _____ to _____ Event Staff and Volunteers: _____

Set-Up Date(s) & Time(s): _____

Take-Down Date(s) & Time(s): _____

Location of Event: _____

For Carnivals/Festivals and Circuses ONLY:

A list of all employees/volunteers **must** be provided. Please include full name, date of birth and state issued driver's license or identification number. This is to insure that each person has been cleared through the background process prior to the event.

PLEASE CHECK ALL THAT APPLY *(Additional permits may need to be obtained)*

- | | | | |
|--|--|-------------------------------------|---|
| <input type="checkbox"/> Alcohol Service | <input type="checkbox"/> Amplified Sound | <input type="checkbox"/> Food Sales | <input type="checkbox"/> Food Service |
| <input type="checkbox"/> Lane Closure | <input type="checkbox"/> Street Closure | <input type="checkbox"/> Vendors | <input type="checkbox"/> Parking Issues |



Amplified Sound Permit & Consent for Amplified Sound

Name: _____

Permit Number: _____

Event: _____

Event Date(s): _____

Location: _____

Event Hours: _____

What type of Amplified Sound will you be using? (Please Check All That Apply)

☐ Speech

☐ Music

☐ DJ

☐ Live Entertainment

Hours of Amplified Sound: _____

Day(s) of the Week: _____

Sound Check Hours: _____

Equipment Information:

- Maximum Wattage of Sound System: _____ watts
- Volume in Decibels during the event: _____ dB*
- Approximate Distance Sound will be audible: _____ ft.**

Equipment Owner:

Name: _____

Phone #: _____

Sound Engineer:

Name: _____

Phone #: _____

On-Site Contact During Event:

Name: _____

Phone #: _____

CONSENT FOR AMPLIFIED SOUND

NOTE: Amplified Sound Permit requests must be accompanied with a Consent for Amplified Sound (2nd page of this application). Completion of the Consent for Amplified Sound is required before the permit will be approved.

* Noise Level is not to exceed 15 decibels above the ambient noise level at the nearest residential property CMC 9.24.020 Amplified Sound- Regulations.

** Audible Distance not to exceed 100 ft.



Amplified Sound Permit & Consent for Amplified Sound – Page 2

Corona Municipal Code 9.24.020 prohibits amplified sound equipment on public property within 200 ft. of any church, school, hospital, or city or county building without prior written consent. The applicant is required to obtain consent from the above properties to complete the amplified sound clearance process.

PLEASE CHECK ONE, THEN SIGN AT THE BOTTOM:

- ☐ This event will not be within 200 feet of a Church, School, Hospital, or City or County Building.
- ☐ This event WILL be within 200 feet of a church, school, hospital, or City or County building. (Take this application to the property/(ies) and obtain a signature from a property site manager or someone who is authorized to sign on behalf of the property

Name of Organization/Property: _____

Address: _____ Phone #: _____

I am duly authorized to act on behalf of _____ ,
and consent to the use of amplified sound as requested in the attached Amplified Sound Request.

Signature: _____

Printed Name: _____ Title: _____

Date of Notification: ____/____/____

Name of Organization/Property: _____

Address: _____ Phone #: _____

I am duly authorized to act on behalf of _____ ,
and consent to the use of amplified sound as requested in the attached Amplified Sound Request.

Signature: _____

Printed Name: _____ Title: _____

Date of Notification: ____/____/____

APPLICANT'S SIGNATURE: _____ **DATE:** _____



APPLICATION FOR SPECIAL EVENT PERMIT

FY 16-17

Name of Event: _____

Location of Event: _____

Date(s)/Time(s) of Event: _____

<p>ARE YOU OCCUPYING PUBLIC RIGHT-OF-WAY?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If your event will take place within the public right-of-way, you will need to complete a "Permit to Conduct an Activity within the Public Right-of-Way" 30 days prior to your event date. The application is available from the Public Works Department located at 400 S. Vicentia Avenue, 1st Floor.</p>
<p>ARE YOU OCCUPYING A PARK?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>DATE: _____</p> <p>EVENT HOURS:</p> <p>_____ to _____</p> <p>SET-UP: _____ to _____</p> <p>STRIKE: _____ to _____</p>	<p>If your event will take place within a City Park, you will need to complete a "Park Reservation" application available from the Park Reservation Desk located at 400 S. Vicentia Avenue, 2nd Floor. You will need to submit this application at least 30 days in advance of your event. Motor vehicle access on the turf is limited and restricted. Delivery vehicles and vendor loading may not be allowed on the turf. The promoter will be responsible for providing a damage deposit to the City.</p>
<p>DO YOU NEED A TRAFFIC CONTROL PLAN?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>DO YOU WANT BARRICADES & SIGNAGE DELIVERED?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>The City requires submission of a traffic control plan along with your public right-of-way application. The plan should specify the street closure with proper barricades and traffic control/directional signs to re-direct the flow of traffic. Any internal exits to parking structures blocked by street closures require an internal re-routing. Simple street closure plans for neighborhood block parties are available from Transportation.</p>
<p>DO YOU NEED A PARKING PLAN?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p># of "No Parking" Signs Needed: _____</p>	<p>You will need to identify where your participants will park for your event. Will you have on-street parking, parking in garages, parking in private lots, or valet parking? On-street parking requires advance posting of "No Parking/Tow-Away" signs. You will need to obtain permission from property owners if you plan to park in private lots or garages. Please identify your parking locations on your event diagram.</p>
<p>WHAT IS THE PROJECTED ATTENDANCE FOR THE EVENT?</p> <p>PEAK: _____</p>	<p>Each venue has a pre-determined park capacity that was developed by evaluating the following factors: park size and permittable acreage; number of on-site and perimeter parking spaces; number of restrooms; operational experience; consultation with the departments of Public Works, Fire, Police, Transportation, Human Services & Planning Development; remote parking opportunities, and public transportation.</p>



Amplified Sound Permit & Consent for Amplified Sound – Page 2

DAILY: _____	
ARE YOU HAVING AMPLIFIED SOUND? <input type="checkbox"/> YES <input type="checkbox"/> NO HOURS OF AMPLIFIED SOUND: _____ to _____	If you are planning to have amplified sound at your event, please complete the Amplified Sound Permit and Consent for Amplified Sound forms included with the Special Event Permit Application.
IS THERE A CHURCH, SCHOOL, HOSPITAL, CITY OR COUNTY BUILDING WITHIN 200 FT. OF YOUR EVENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	If a church, school, hospital, city or county building falls within 200 ft. of your event, then you must obtain written consent acknowledging the use of amplified sound prior to your event. (Consent sheet included in Special Events Permit Application.)
WILL YOU BE USING: <input type="checkbox"/> STAFF <input type="checkbox"/> VOLUNTEERS <input type="checkbox"/> PRIVATE SECURITY <input type="checkbox"/> EXPLORERS/ CADETS * <input type="checkbox"/> POLICE OFFICERS * <small>*Deposit required to staff officers and cadets at events</small>	Adult volunteers, private security, or police officers are required to staff the barricades at all times during the closure. If you will have anything set-up within the right-of-way overnight, security is required to staff the barricades. You should also have a contingency plan in case your volunteers don't show. If armed security will be working your event, current state licensing will be required.
WILL YOU HAVE GENERAL MERCHANDISE VENDORS? <input type="checkbox"/> YES <input type="checkbox"/> NO	If you plan on having vendors or anyone else sell general merchandise for profit (including arts & crafts, jewelry, or promotional items) within the public right-of-way, a business license is required for each vendor. You should submit a vendor list complete with contact information, a business license number, and a description of the items for sale to the Business License Office.
ARE YOU SERVING OR SELLING FOOD TO THE GENERAL PUBLIC? <input type="checkbox"/> YES <input type="checkbox"/> NO	If you plan on serving, selling, or giving away food and/or beverages to the general public, you must possess or obtain a Food Handler's Permit from the Riverside County Department of Environmental Health. The phone number for the Corona office is (951) 273-9140 . They are located at 2275 S. Main St, Suite 204 .
WILL THERE BE ALCOHOL AT YOUR EVENT? <input type="checkbox"/> SERVING ALCOHOL <input type="checkbox"/> SELLING ALCOHOL <input type="checkbox"/> NO ALCOHOL	If you plan on serving or selling alcohol at your event, please contact the Riverside ABC Office (951) 782-4400 regarding a 1-Day Special License from ABC (Alcohol & Beverage Control) . The form (ABC-221) can also be found online at http://www.abc.ca.gov/FORMS/ABC221-2010.pdf .
DO YOU HAVE A WASTE MANAGEMENT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO DUMPSTERS REQUESTED: _____	The promoter is responsible for picking-up all waste, trash, debris, and production equipment associated with their event. Any event in the right-of-way that uses chalk or has high volume of projected waste will need to sandbag the storm drains and arrange for steam-cleaning of the streets (at the promoter's cost).



Amplified Sound Permit & Consent for Amplified Sound – Page 2

DO YOU HAVE RESTROOMS? <input type="checkbox"/> YES <input type="checkbox"/> NO # of Promoter Provided Restrooms: _____	Each park location comes equipped with a limited number of restrooms. Events of a certain size require additional portable restrooms to supplement what is available in the park at the cost of the promoter.
DO YOU HAVE A FIRST AID OR EMERGENCY PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	The promoter should have a thorough emergency management plan including a first aid station, lost and found area, and a designated point person to handle emergencies.
WILL YOU HAVE SPECIAL LIGHTING? <input type="checkbox"/> YES <input type="checkbox"/> NO	Please describe the special lighting by providing specifications, location, and number of types of equipment.
WILL YOU HAVE MEDIA OR PAPPARAZZI? <input type="checkbox"/> YES <input type="checkbox"/> NO	If media or paparazzi are expected, please describe types of media invited, location of media staging area, location of press vehicles, etc.

INSTRUCTIONS:

(You must submit packet at least 20 days prior to event)

Please mail or deliver your completed packet to:

Corona Police Department
 Attn: Dana Prechtel, Police Permits
 730 Public Safety Way
 Corona, CA 92880
 (951)736-2414

*If your event takes place at a venue other than your business address, please include a copy of rental agreement or reservation receipt.

**Please attach a sketch/map that shows how you plan the set-up of your event, if applicable.

***Upon receipt of the completed request, you may be contacted by a member of the department to discuss any permitting issues.



Special Event Details